



11-22-2

Patent
270/228

1642

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Cynthia K. French et al.

Serial No.: 09/680,121

Filed: October 4, 2000

For: PROSTATE CANCER SPECIFIC
MARKER

Group Art Unit: ArtUnit

Examiner: Examiner

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AMENDMENT TRANSMITTAL

Box
Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment for the above-identified application.

- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
1 month	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$110.00
2 months	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$400.00
3 months	<input checked="" type="checkbox"/> \$460.00	<input type="checkbox"/> \$920.00
4 months	<input type="checkbox"/> \$720.00	<input type="checkbox"/> \$1,440.00
5 months	<input type="checkbox"/> \$980.00	<input type="checkbox"/> \$1,960.00

- ☐ An extension for _____ months has already been secured and the fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

- ☒ Extension fee due with this Request \$460.00.

CERTIFICATE OF MAILING (37 C.F.R. §1.10)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as 'Express Mail Post Office To Addressee' in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

EV 207872382 US
Express Mail Label No.

November 20 2002
Date of Deposit

Lynne Fulmer

Name of Person Mailing Paper

Signature of Person Mailing Paper

DOCSOC1:130405.1
L03584-02702282 K2M

☐ If an additional extension of time is required, please consider this a petition therefor.

FEES FOR CLAIMS:

☒ Applicant claims small entity status pursuant to 37 CFR 1.27.

The fees for claims (37 CFR § 1.16(b)-(d)) have been calculated as shown below:

Total Claims	11	-	20	=	0	x	\$18.00	\$0.00
Independent Claims	4	-	3	=	1	x	\$84.00	\$84.00
Multiple Dependent Claims	\$280	(if applicable)					<input type="checkbox"/>	\$0.00
TOTAL OF ABOVE CALCULATIONS								\$84.00
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28.								<input type="checkbox"/> \$42.00
TOTAL FEES FOR CLAIMS SUBMITTED HERewith								\$42.00

☐ A check in the amount of _____ is enclosed to cover the above fee(s).

☒ Charge Orrick, Herrington & Sutcliffe's Deposit Account No. **150665** in the amount of **\$502.00**.

☒ The Commissioner is authorized to charge Orrick, Herrington & Sutcliffe's Deposit Account No. **150665** for any fees required under 37 CFR §§ 1.16 and 1.17 that are not covered, in whole or in part, by a check enclosed herewith and to credit any overpayments to said Deposit Account **150665**.

Respectfully submitted,

ORRICK, HERRINGTON & SUTCLIFFE LLP

By: 

Kurt T. Mulville
Reg. No. 37,194

Dated: November 20, 2002

4 Park Plaza, Suite 1600
Irvine, CA 92614
949/567-6700 X 7740 Telephone
949/567-6710 Facsimile